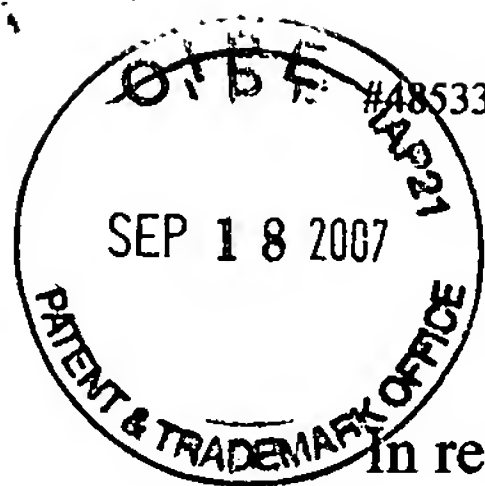


1/FW 3761



#485330/TNT/bkp

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Aravinda Thiagalingam et al.

Serial No. 10/535,527

Filed May 26, 2006

AN INTRAMURAL NEEDLE-
TIPPED SURGICAL DEVICE

)
) Before the Examiner
)
) Unassigned
)
) Group Art Unit 3761
)
)
)
) September 14, 2007

**TRANSMITTAL OF POWER OF ATTORNEY TO PROSECUTE
APPLICATIONS BEFORE THE USPTO**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Commissioner:

Enclosed herewith are the Powers of Attorney to Prosecute Applications Before the USPTO to be entered in the file in the above-identified patent application. Please address all further communications regarding the above-identified patent to Timothy N. Thomas, Esq., Reg. No. 35,714. Applicant believes that no fee is due for this submission, however, the Patent and Trademark Office is hereby authorized to charge any fee relating to this submission to Deposit Account No. 23-3030, but not to include the payment of any issue fees.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

September 14, 2007

Date of Deposit

Timothy N. Thomas

Name of Registered Representative

Timothy N. Thomas
 Signature

September 14, 2007

Date of Signature

Respectfully submitted,

By *Timothy N. Thomas*

Timothy N. Thomas, Reg. No. 35,714

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WEMMH PTO/SB/81 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/535,527
Filing Date	May 26, 2006
First Named Inventor	Aravinda Thiagalingam
Title	INTRAMURAL NEEDLE-TIPPED SURGICAL DEVICE
Art Unit	3761
Examiner Name	UNKNOWN
Attorney Docket Number	16793-2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

30565

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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Address					
City		State		Zip	
Country					
Telephone		Email	docketdept@uspatent.com		

I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/16/07
Name	J. B. V. K. E.	Telephone	
Title and Company	Chief Executive, Sydney West Area Health Service		

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Sydney West Area Health ServiceApplication No./Patent No.: 10/535527 Filed/Issue Date: 26 May 2006Entitled: Intramural needle-tipped surgical deviceSydney West Area Health Service a body organised under the Area Health Services Act (1986)
as amended 1993 (NSW)

(Name of Assignee)

(Assignee, eg., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ an assignment from Inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 019813, Frame 0110, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the Inventor(s), of the patent application/patent identified above, to the current assignee
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1. From: _____ To: _____
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (ie., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

X [Signature] ##APPLICANT NAME###
Signature

X 8/8/07
Date (Day Month Year)

X Dr. B. A. C.
Printed or typed Name

Telephone Number

X Chief Executive
(Title)

TO:TIMOTHY N. THOMAS COMPANY:111 MONUMENT CIRCLE



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEPTEMBER 12, 2007

PTAS



500351408A

TIMOTHY N. THOMAS
111 MONUMENT CIRCLE
SUITE 3700
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DOCKET NUMBER: 16973-2

ASSIGNOR:
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DOC DATE: 07/25/2007

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019813/0110 PAGE 2

SERIAL NUMBER: 10535527

FILING DATE: 05/26/2006

PATENT NUMBER:

ISSUE DATE:

TITLE: INTRAMURAL NEEDLE-TIPPED SURGICAL DEVICE

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